

RECEIVED COMM. OF ELECTIONS

2006 OCT 11 A 1: 35

Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Crié	ids for	2	ic Buckson	
Account Number:		_	Date of th	ais Report: 10 - 08 - 06	
REPORTING PERIOD:	FROM:	9-05-06	TO:	10-09-06	
Check the box that applies to t	his report:				
Primary Election	□ 8-DAY	□ 30-DAY		Office:	10 000
General Election	□ 8-DAY	□ 30-DAY		Level court of side kee	11
Other Election	□ 8-DAY	□ 30-DAY			
Special Election	□ 8-DAY	□ 30-DAY			
Year End Report	Final Org	anization Closing		Closing Date:	
	gn Finance and	l the election process in t	he State of	urate and correct. I agree to abide by all rules and Delaware. I understand that representatives from nation provided on this report.	
TREASURER SIGNATURE				DATE	
CANDIDATE SIGNATURE	1			10/11/0C	



STATEMENT OF ACCOUNT BALANCE

ACC	COUNT #:	REPORTING PERIOD: 9-05-	06 ,0,0,0
7		FROM	то
1.	BEGINNING (Close Out	G BALANCE Balance from last reporting period)	1070.78
2.	RECEIPTS:		
	Α.	SCHEDULE A – TOTAL RECEIPTS	1339.00
	В.	SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS	
	C.	SCHEDULE D-1 – TOTAL LOANS RECEIVED	
	D.	SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED	
	E. SUB	TOTAL (Total of A, B, C, D)	1339.00
3.	EXPENDIT	URES:	
	F.	SCHEDULE B – TOTAL EXPENDITURES	1818.83
	G.	SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES	2
	н.	SCHEDULE D-2 – TOTAL LOAN PAYMENTS	
	I.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS PAID	1818.83
	J. SU	BTOTAL (Total of F, G, H, I)	
4.	ENDING B. (Beginning	ALANCE g Balance plus 2E, minus 3J)	5-90.95
5.	VALUE OF	F NON-CASH ASSETS (From Schedule F)	
6.	VALUE OF	DISPOSED/TRANSFERRED ASSETS (From Schedule G)	· · · · · · · · · · · · · · · · · · ·
7.	VALUE OF	FLOANS AT END OF PERIOD (Loan Balance from Schedule D-2)	-0 - 0 -
8.	CLOSE OU	JT BALANCE (Must equal zero if Committee closed)	590.93



SCHEDULE A - TOTAL RECEIPTS

ACCT#:	REPORTING PERIOD:	9-05-06	10-08.06
		FROM	ТО

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)

RECEIPTS IN EXCESS OF \$100: Contributor Contributor Aggregate Amount Date Contrib Mailing Address Received Received Type Name Amount lan a 100.00 DAVIN BUCKSONSR 239 0 239.00 200-00 for Business 1) over 9-5 J ma 200-00 400.00 9-9 19:CL Bush Cornden 100.00 10-5 Down De TOTAL RECEIPTS IN EXCESS OF \$100 30.00.00 TOTAL RECEIPTS NOT IN EXCESS OF \$100 1334.00 GRAND TOTAL RECEIPTS



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:		REPORTING PERIOD:	9-05-0	6 1	0-08-06
			•	FROM	TO
of the amou	nt. NOTE: IF you expend funds to th	ing period. All expenditures to Political C e same person or organization several tim 100, even if the individual amounts are no	nes during the reporti		
EXPENDIT	TURES IN EXCESS OF \$100:				
Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
9-06	5 ign o uttitley	Marian -		2011112	543.94
		0			
9-06	- Village Cropbi	· Canden De			900-02
9-14	(1 8 (1 - 1				>=11 00
9-17	POSTELL	m sefora, D		_	374.89
	102.00	V			
-					+
		 			_
					
F 7		A STATE OF THE PARTY OF THE PAR		The Sales	

TOTAL EXPENDITURES IN EXCESS OF \$100

81883

TOTAL EXPENDITURES NOT IN EXCESS OF \$100

GRAND TOTAL EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

1818,83



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT#:	_R	REPORTING PERIOD:		W Table
			FROM	то
NOTE: If you re- each item must b IN-KIND CON	ceive in-kind contributions from the listed if the aggregate amount FRIBUTIONS IN EXCESS OF	narge or less than fair market value in exc the same person or organization several ti is over \$100, even if the individual amou \$100:	mes during the reporting period nts are not.	,
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
Million A Tour				
		E CONTROL OF THE CONT		
				and the second
	The state of the s			
_				
1000		34		
TOTAL IN-KI	ND CONTRIBUTIONS IN EX	CESS OF \$100		
TOTAL IN-KI	ND CONTRIBUTIONS NOT I	N EXCESS OF \$100		L

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT#:		REPORTING PERIOD:	FROM	TO
			FROM	10
NOTE: If you pay	in-kind expenditures to the sar	arge or less than fair market value in exce ne person or organization several times d is over \$100, even if the individual amou	uring the reporting period,	od.
IN-KIND EXPEN	DITURES IN EXCESS OF			PVICES)
Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expended
March 197				
F 1012 (1 7 .2)				
			CENTRAL SECTION OF A SECTION	
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				44 state 12 c
		and the second second second second		
	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
			*	
				V 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
				1 8
			A Mark Company	
TOTAL IN PIN	D EXPENDITURES IN EXC	CESS OF \$100		
TOTAL IN-KIN	D EAI ENDITURES IN EAG	DEGG OF SIGN		
TOTAL IN KIN	D EXPENDITURES NOT II	V EVCESS OF \$100		

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



REPORTING PERIOD:

SCHEDULE D-1 - LOANS RECEIVED

ACCT #:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
					4 15
115					
		\$ - 2 m			TO ST
		- 12		Films Tuber	TAPE,
		212 p c g 122		100	Un The
				15 C 11 SE	



SCHEDULE D-2 - LOANS

ACCT#:	REPORTING PERIOD:		
	п	FROM	то

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
11							
							Yandin.
							fill Park
		and the state of t	rodenia Allia sala	3.4			

Page 8 of 11



SCHEDULE E - EXPENSE REIMBURSEMENTS

CCT#:			REPORTING PERIOD: FROM			
	*		3	***************************************	FROM	
•	rsements received by you and paid by you must be item					
Date Received	NTS RECEIVED (Monies paid to you as reimburser Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursemer Received	
A design of the last of the la						
				1 2 2 2 2 2		
				Fig. 19 Company 1960by		
			EUROPHI TO		July 194	
TOTAL REIMBU	URSEMENTS RECEIVED					
REIMBURSEMENT	RSEMENTS RECEIVED S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, NTS PAID (Monies paid by you to reimburse others		D)			
REIMBURSEMENT REIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity Date	Total Expense Amoun	Reimburseme Paid	
REIMBURSEMENT	S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, NTS PAID (Monies paid by you to reimburse others	for expenses they incurred.)	Activity	- Economical	Annual Annual State of the Control o	
EIMBURSEMENT Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity	- Economical	Annual Annual State of the Control o	
REIMBURSEMENT REIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity	- Economical	Annual Annual State of the Control o	
REIMBURSEMENT REIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity	- Economical	Annual Annual State of the Control o	
REIMBURSEMENT REIMBURSEME Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity	- Economical	Annual Annual State of the Control o	



SCHEDULE F - NON-CASH ASSETS

		REPORTING PERIOD:	
		FRO	M T
contributed to the organ	nization.	nose paid for by the organization, lent to the organization	and
LIST ALL NON-CAS			
Date	Description	Location	Value
Received	of Asset	of Asset (Physical Address)	of Asset
			20 C ON 1
19 . s 4 1 1 2 mm		The state of the S	
		* 1	
	-		
		TO THE PERSON OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF THE PERSO	A LOS
			13/1
			·

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

ACCT #:

REPORTING PERIOD:

			FROM TO
Itemize all non-cash ass	sets disposed of, transferred or sold by the org	ganization during the reporting period.	
Date Date	SETS Description	Disposition	Value
Date Eliminated	of Asset	of Asset	Received
	AND THE PROPERTY OF THE PROPER		
TOTAL ASSETS ELI	IMINATED		
	NATED SHOULD ALSO APPEAR ON PAGE 2, ST.	ATEMENT OF ACCOUNT BALANCE, ITEM 6)	L